



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR REGISTRATION AS A VENDOR OF TAMPER-RESISTANT PRESCRIPTION FORMS INSTRUCTION SHEET

Businesses That Must Register as Vendors

Businesses that wish to manufacture and sell tamper-resistant prescription forms for use by Delaware healthcare practitioners must register with the Delaware Division of Professional Regulation (DPR). When approved as an authorized vendor...

- DPR will issue a Vendor ID to the business.
- DPR will list [registered vendors](#) on its website.

Security Requirements

The purpose of tamper-resistant prescription forms is to reduce prescription fraud. Rules and Regulations set forth not only specifications on how the forms are designed and printed but also related security requirements for access to materials and processing orders. Registered vendors are required to fully comply with these rules and are subject to unannounced inspection. A [Quick Reference Guide](#) is also available on DPR's website.

Only the following persons and institutions are authorized to purchase tamper-resistant prescription forms in Delaware:

- Healthcare practitioners who hold an active Delaware professional license with prescriptive authority (e.g., physicians, dentists)
- Institutions that DPR has registered to purchase prescription forms on behalf of their practitioners (e.g., hospitals)

DPR will supply Security Codes to all authorized purchasers in Delaware. When placing orders, purchasers must provide their Security Code to the vendor.

Before filling each order from a purchaser, vendors are required to verify that the persons or institutions placing orders are authorized purchasers as explained above. To assist vendors, a [Provider Verification System \(PVS\)](#) is available on DPR's website. When registering with DPR, vendors must designate at least two representatives to use the PVS. These designated vendor representatives will also be registered with DPR, and only they will be permitted to access to the PVS. When the vendor's application is approved, the registered vendor representatives will receive instructions for using the PVS. Using the purchaser's Security Code from the order, registered vendor representatives will log on and query PVS to assure that the person or institution placing the order is an authorized purchaser.

Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Registration as a Vendor of Tamper-Resistant Prescription Forms](#).
- ☐ Each designated Vendor Representative must complete and sign a *Registration of Vendor Representative*, which is included as a section of the application.
- ☐ Enclose \$250 [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose copy of State of Delaware [business license](#) issued by the Division of Revenue.
- ☐ Enclose proof of current comprehensive general liability insurance.



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CONTACT AND LOCATION INFORMATION

1. Business Name: _____

2. **Mailing Address:** _____

City

State

Zip

3. **Physical Location of Manufacturing** (if different than above): _____

Street (no PO Box)

City

State

Zip

4. **Physical Location of Office** (if different than above): _____

Street (no PO Box)

City

State

Zip

5. Does this business have a current Delaware business license? Yes ☐ No ☐

Submit a copy of the current Delaware Division of Revenue Business License.

6. Does this business have current comprehensive liability insurance? Yes ☐ No ☐

Submit proof of current insurance.

7. Employer Identification Number (EIN): _____

OWNERSHIP INFORMATION

8. The owner of this business is a (check one): ☐ Corporation ☐ Partnership ☐ Limited liability company

9. Enter the following information about all owners, active partners, or principal corporate officers.

NAME	POSITION	ADDRESS

10. Do you understand that you are required to promptly report any ownership change, in writing, to the Division of Professional Regulation and that the new owner is required to file a new *Application for Registration as a Vendor of Tamper-Resistant Prescription Forms*? Yes ☐ No ☐

DESIGNATED VENDOR REPRESENTATIVES – You must designate at least two vendor representatives. If you wish to designate additional representatives, you may copy this page.

11. Do you certify that you understand the following requirements?

- Your place of business must have at least two representatives on-site who will be registered with DPR and responsible for using the Provider Verification System (PVS). Yes ☐ No ☐
- After they are registered with DPR, *only* your designated representatives will receive communication about and have access to the PVS. Yes ☐ No ☐

12. Do you certify that you understand the following requirements?

- You are required to promptly report any change in your vendor representatives to DPR in writing – including both newly designated and departing representatives. Yes ☐ No ☐
- Any newly designated representative is required to register with DPR. Yes ☐ No ☐
- Under no circumstances is information about accessing PVS to be disclosed to any non-registered person, regardless of whether that person is an employee of the vendor. Yes ☐ No ☐

Each designated representative must complete and sign a section below to attest that he or she understands his or her security responsibilities. Communication about the Prescriber Verification System (PVS) will be sent to the attention of these representatives at the Vendor's mailing address or to their own direct contact information.

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____
Last First Middle

Other Names Used: _____

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Your **Direct** Phone at Vendor Business: _____

Your **Direct** Email at Vendor Business: _____

Do you understand that you must **not** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes ☐ No ☐

Signature of Vendor Representative: _____ **Date:** _____

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____
Last First Middle

Other Names Used: _____

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Your **Direct** Phone at Vendor Business: _____

Your **Direct** Email at Vendor Business: _____

Do you understand that you must **not** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes ☐ No ☐

Signature of Vendor Representative: _____ **Date:** _____

DOCUMENT SECURITY

13. Where do you plan to obtain secure stock?

Business Name: _____

Mailing Address: _____

City State Zip

14. What are the security features of the secure stock you plan to use? _____

15. Explain the security measures you plan to guard against loss of forms in *each* of the following areas. If you need more room, enclose additional sheets.

- Access to areas where prescription forms and paper are stored: _____

- Destruction of sensitive material waste including, but not limited to, samples and test documents: _____

- Access to printing, handling, imprinting, packaging and distribution areas (address each in your response): _____

- Storage of printing and imprinting plates, including maintaining a plate log and plate destruction records: _____

- Building security including, but not limited to, surveillance inside and outside the facility: _____

ORDERING AND DELIVERY

16. Do you agree to accept orders:

- Online? Yes ☐ No ☐
- By phone? Yes ☐ No ☐
- In person? Yes ☐ No ☐

17. Explain how you plan to accommodate emergency orders: _____

18. Explain how you plan to assure secure delivery to purchasers: _____

19. Explain how you plan to assure security of your ordering system: _____

DISCLOSURES

20. Have any of the owners, partners, corporate officers or designated representatives of this business ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which they have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, explain in detail on a separate sheet and arrange for the Division to receive a state and federal criminal background check for all persons.**
21. Are criminal charges pending against any of the owners, partners, corporate officers or designated representatives in any jurisdiction? Yes ☐ No ☐ **If yes, explain in detail on a separate sheet.**
22. Has any jurisdiction ever denied or revoked the registration, certification or other authorization of this business as a vendor of tamper-resistant prescription forms **or** denied or revoked the registration, certification or other authorization of any other business owned by any of the same owners, partners or corporate officers? Yes ☐ No ☐ **If yes, explain in detail on a separate sheet.**

REGULATORY AND REPORTING REQUIREMENTS

23. Have you read the Rules and Regulations pertaining to tamper-resistant prescription forms in their entirety and do you agree to fully comply with the rules in every detail? Yes ☐ No ☐
24. Do you agree that, before filling each order, your Vendor Representatives will verify, using the PVS, that the person or organization placing the order is authorized to purchase prescription forms? Yes ☐ No ☐
25. Do you agree to report any material changes to your business, systems or processes that relate to the tamper-resistant prescription forms to the Division of Professional Regulation, in writing, within 30 days of the change? Yes ☐ No ☐
26. Do you agree to report to the Division of Professional Regulation immediately upon becoming aware of any of the following:
- Quality control problems of any type? Yes ☐ No ☐
 - Suspicious incidents involving returned prescriptions or prescriptions lost in delivery? Yes ☐ No ☐
 - Suspicious orders? Yes ☐ No ☐
 - Changes in representatives designated to query the Provider Verification System? Yes ☐ No ☐

Applications that are not complete within 60 days of filing may be considered abandoned and discarded. When your application is complete, please allow 2-4 weeks to for processing.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for registration on behalf of the business indicated above, that he/she has read and reviewed the information provided with this application, and that he/she has read the Rules and Regulations governing tamper-resistant prescription forms in Delaware and will fully comply with the rules. He/she further affirms that the information and statements contained in this application are true and correct and that he/she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be registered is grounds for denial or termination of registration.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

State of _____ County of _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.